

Civil Action No: 18-cv-3491

PROOF OF SERVICE

Federal Rules of Civil Procedure, Rule 5

STATE OF MARYLAND

On January 28, 2019, I, Michael L. Peterson, mailed the foregoing documents described as: Verified Complaint for Violations for the Fair Debt Collection Practices Act (FDCPA) via Certified Mail, Restricted Delivery, Return Receipt Request with the United States Postal Service (USPS), the envelope was addressed to: Daniel Pesachowitz, Resident Agent, SAMUEL I. WHITE, P.C., 611 Rockville Pike, Suite 100, Rockville, Maryland 20852, on the interested parties in this action by placing true copies thereof enclosed in sealed envelopes addressed as follows:

SAMUEL I. WHITE, P.C.
c/o Daniel Pesachowitz, Resident Agent
611 Rockville Pike, Suite 100
Rockville, MD 20852

SARA K. TURNER
c/o Daniel Pesachowitz, Resident Agent
SAMUEL I. WHITE, P.C.
611 Rockville Pike, Suite 100
Rockville, MD 20852

JOHN E. DRISCOLL, III
c/o Daniel Pesachowitz, Resident Agent
SAMUEL I. WHITE, P.C.
611 Rockville Pike, Suite 100
Rockville, MD 20852

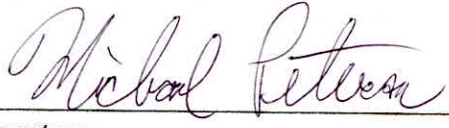
ARNOLD HILLMAN
c/o Daniel Pesachowitz, Resident Agent
SAMUEL I. WHITE, P.C.
611 Rockville Pike, Suite 100
Rockville, MD 20852

FILED
U.S. DISTRICT COURT
DISTRICT OF MARYLAND
2019 JAN 30 PM 12:12
CLERK'S OFFICE
AT GREENBELT
DEPUTY

ROBERT H. HILLMAN
c/o Daniel Pesachowitz, Resident Agent
SAMUEL I. WHITE, P.C.
611 Rockville Pike, Suite 100
Rockville, MD 20852

DEENA L. REYNOLDS
c/o Daniel Pesachowitz, Resident Agent
SAMUEL I. WHITE, P.C.
611 Rockville Pike, Suite 100
Rockville, MD 20852

☒ I declare under penalty of perjury that the above is true and correct. I am over the age of 18 and not a party to the action.



Signature

1-29-19

Date

Michael L. Peterson
3307 Dunwood Ridge Court
Bowie, Maryland 20721

MITCHELLVILLE
1500 POINTER RIDGE PL
BOWIE
MD
20716-9998
2309570716
(800) 275-8777

01/28/2019

4:32 PM

Final Price

Sale Qty

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1

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Product Description

Vac/Hld Mail

Pkup Mail

PM 1-Day

(Domestic)

(ROCKVILLE, MD 20852)

(Weight: 2 lb 5.40 oz)

(Expected Delivery Date)

(Tuesday 01/29/2019)

Certified

(USPS Certified Mail #)

(7018113000053101322)

Return Receipt

(USPS Return Receipt #)

(9590940306235183040012)

Total

Credit Card Remitd

(Card Name: MasterCard)

(Account #: XXXXXXXXXX4168)

(Approval #: 82222Y)

(Transaction #: 442)

(AID: A000000041010)

(AL: MasterCard)

(PIN: Not Required)

Includes up to \$50 insurance

Text your tracking number to 28777

(2USPS) to get the latest status.

Standard Message and Data rates may

apply. You may also visit www.usps.com

USPS tracking or call 1-800-222-1811.

Save this receipt as evidence of

insurance. For information on filing

an insurance claim go to

<https://www.usps.com/help/claims.htm>

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Refunds for guaranteed services only

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840-5200-0136-003-00027-89068-01

or scan this code with

your mobile device:



or call 1-800-410-7420.
YOUR OPINION COUNTS

7018 1130 0000 5310 1322

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

ROCKVILLE MD 20852

OFFICIAL USE

| | |
|--|--------|
| Certified Mail Fee | \$3.50 |
| Extra Services & Fees (check box, and fee as applicable) | \$2.80 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

Postage \$8.30

Total Postage and Fees \$14.60

Sent To **Daniel Pesachowitz, Res. Agt.**
Signal and Mkt. No., or PO Box No.
51146
City, State, ZIP+4®
Rockville MD 20852

Postmark
JAN 28 2019

01/28/2019

U

PS Form 3800, April 2016 PSN 7530-02-000-9000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DANIEL PESACHOWITZ
RESIDENT AGENT
SAMUEL I. WHITE, P.C.
611 ROCKVILLE PIKE, SUITE 100
ROCKVILLE, MD 20852



9590 9403 0623 5183 0400 12

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Michael L. Peterson
3307 Dunwood Ridge Court
Bowie, MD 20721

USPS TRACKING#



9590 9403 0623 5183 0400 12

ROBERT H. HILLMAN
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